

<i>SERFF Tracking Number:</i>	<i>CNAB-125884297</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-F3269</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Services General Liability Endorsement</i>		
<i>Project Name/Number:</i>	<i>Services General Liability Endorsement/G-300704-A</i>		

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Services General Liability SERFF Tr Num: CNAB-125884297 State: Arkansas
Endorsement

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-F3269

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Mercy Marasigan

Disposition Date: 11/24/2008

Date Submitted: 11/05/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Services General Liability Endorsement

Project Number: G-300704-A

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending review by the Department of Insurance

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/24/2008

State Status Changed: 11/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing a new optional endorsement for use with the ISO Commercial General Liability Coverage Part, CG 00 01.

This form provides 4 coverage extensions to meet the needs of insureds in the services industry.

SERFF Tracking Number: CNAB-125884297 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-F3269
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Services General Liability Endorsement
Project Name/Number: Services General Liability Endorsement/G-300704-A

1. Provision I. BROADENED NAMED INSURED allows for Named Insured status for organizations (other than joint ventures or partnerships) that are not shown in the Declarations which more than 50% owned by a Named Insured as of the inception date of the policy.

2. Provision II. NEWLY FORMED OR ACQUIRED ORGANIZATIONS allows for coverage for newly acquired or formed organizations (other than joint ventures or partnerships) from the date of formation or acquisition until the end of the policy period. Basic CGL does not allow such coverage for limited liability companies only for maximum of 90 days.

3. Provision III. ADDITIONAL INSURED – “YOUR WORK” allows additional insured status for any person(s) or organization(s) the named insured does work for and is required to provide additional insured status under a written contract or written agreement.

4. Provision IV. BLANKET WAIVER OF SUBROGATION waives any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of our Named Insured’s ongoing operations or our Named Insured’s work done under a contract with that person or organization and included in the “products completed operations hazard”- where the Named Insured agreed to do so in a written contract or agreement that is in effect or becomes effective during the term of the policy; and was executed prior to loss.

There is no premium charge for this endorsement.

We respectfully request written date of January 1, 2009.

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com
333 S. Wabash (312) 822-6609 [Phone]
Chicago, IL 60685 (312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

SERFF Tracking Number:	CNAB-125884297	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F3269		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Services General Liability Endorsement		
Project Name/Number:	Services General Liability Endorsement/G-300704-A		

37th Floor

Chicago, IL 60604

(312) 822-4292 ext. [Phone]

Group Name: CNA Insurance
Companies

FEIN Number: 13-5010440

American Casualty Company of Reading PA
333 South Wabash

CoCode: 20427
Group Code: 218

State ID Number:

State of Domicile: Pennsylvania
Company Type: Property and
Casualty

37th Floor

Chicago, IL 60604

(312) 822-4292 ext. [Phone]

Group Name: CNA Insurance
Companies

FEIN Number: 23-0342560

National Fire Insurance Company of Hartford
333 South Wabash

CoCode: 20478
Group Code: 218

State ID Number:

State of Domicile: Illinois
Company Type: Property and
Casualty

37th Floor

Chicago, IL 60604

(312) 822-4292 ext. [Phone]

Group Name: CNA Insurance
Companies

FEIN Number: 06-0464510

Transportation Insurance Company
333 South Wabash

CoCode: 20494
Group Code: 218

State ID Number:

State of Domicile: Illinois
Company Type: Property and
Casualty

37th Floor

Chicago, IL 60604

(312) 822-4292 ext. [Phone]

Group Name: CNA Insurance
Companies

FEIN Number: 36-1877247

Valley Forge Insurance Company
333 South Wabash

CoCode: 20508
Group Code: 218

State ID Number:

State of Domicile: Pennsylvania
Company Type: Property and
Casualty

37th Floor

Chicago, IL 60604

Group Name: CNA Insurance
Companies

State ID Number:

SERFF Tracking Number: *CNAB-125884297* *State:* *Arkansas*
First Filing Company: *Continental Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *08-F3269*
TOI: *17.2 Other Liability - Occurrence Only* *Sub-TOI:* *17.2001 Commercial General Liability*
Product Name: *Services General Liability Endorsement*
Project Name/Number: *Services General Liability Endorsement/G-300704-A*

(312) 822-4292 ext. [Phone]

FEIN Number: 23-1620527

Continental Casualty Company
333 South Wabash

CoCode: 20443
Group Code: 218

State of Domicile: Illinois
Company Type: Property and
Casualty

Chicago , IL 60604

Group Name: CNA Insurance
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 36-2114545

SERFF Tracking Number: CNAB-125884297 State: Arkansas
 First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-F3269
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
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Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: \$50 per group
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	11/05/2008	
American Casualty Company of Reading PA	\$0.00	11/05/2008	
National Fire Insurance Company of Hartford	\$0.00	11/05/2008	
Transportation Insurance Company	\$0.00	11/05/2008	
Valley Forge Insurance Company	\$0.00	11/05/2008	
Continental Casualty Company	\$50.00	11/05/2008	23712795

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/24/2008	11/24/2008

SERFF Tracking Number:	CNAB-125884297	State:	Arkansas
First Filing Company:	Continental Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-F3269		
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Product Name:	Services General Liability Endorsement		
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Disposition

Disposition Date: 11/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>First Filing Company:</i>	<i>Continental Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Services General Liability Endorsement</i>		
<i>Project Name/Number:</i>	<i>Services General Liability Endorsement/G-300704-A</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Exp. Memo	Approved	Yes
Form	Services Gen. Liability End	Approved	Yes

SERFF Tracking Number: CNAB-125884297 State: Arkansas
 First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-F3269
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
 Product Name: Services General Liability Endorsement
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Services Gen. Liability End	G-300704-10-2008 A		Endorsement/Amendment/Conditions		0.00	G-300704-A Services Gen. Liability End.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**SERVICES GENERAL LIABILITY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Coverage afforded under this extension of coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Coverage Part.

I. BROADENED NAMED INSURED

Any organization, other than a partnership or joint venture, over which a Named Insured shown in the Declarations maintained an ownership interest of more than 50% on the effective date of the policy will qualify as a Named Insured if there is no other similar insurance available to that organization. Any such organization will cease to qualify as a Named Insured as of the date during the policy period when a Named Insured shown in the Declarations no longer maintains an ownership interest of more than 50% in the organization.

This provision I. does not apply to any organization for which coverage is excluded by endorsement.

II. NEWLY FORMED OR ACQUIRED ORGANIZATIONS

A. Paragraph 3. of **SECTION II – WHO IS AN INSURED** is deleted and replaced by the following:

3. Any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the end of the policy period or the next anniversary of this policy's effective date after you acquire or form the organization, whichever is earlier;
 - b. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
 - c. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

B. The last paragraph of **SECTION II – WHO IS AN INSURED** is deleted and replaced by the following:

Except as provided in Paragraph 3. above, provision I. of the Distributors General Liability Endorsement, or by the attachment of another endorsement (if any), no person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

This provision II. does not apply to any organization for which coverage is excluded by endorsement.

III. ADDITIONAL INSURED – “YOUR WORK”

A. **SECTION II – WHO IS AN INSURED** is amended to include as an insured any person or organization whom you are required under a written contract or written agreement to add as an additional insured on this policy, but only if the written contract or written agreement:

1. Is in effect or becomes effective during the term of this policy; and
2. Was executed prior to:
 - a. The “occurrence” that caused the "bodily injury" or "property damage"; or
 - b. The offense that caused the "personal and advertising injury".

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization for whom you do work is an additional insured solely for liability due to your negligence specifically resulting from "your work" for the additional insured which is the subject of the written contract or written agreement. No coverage applies to liability resulting from the sole negligence of the additional insured.
2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These Limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
3. The coverage provided to the additional insured does not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless:
 - a. It is required by the written contract or written agreement; and
 - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard" is not excluded either by the provisions of the Coverage Part or by endorsement.
4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering or failure to render any professional services.
5. As respects the coverage provided under this provision III., Paragraph **4.b. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted and replaced with the following:

4. Other Insurance

b. Excess Insurance

This insurance is excess over:

Any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contract or written agreement, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

IV. BLANKET WAIVER OF SUBROGATION

The **Transfer Of Rights Of Recovery Against Others To Us** Condition (**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**) is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard." This waiver applies only when you have agreed to do so in a written contract or written agreement, but only if the written contract or written agreement:

1. Is in effect or becomes effective during the term of this policy; and
2. Was executed prior to loss.

<i>SERFF Tracking Number:</i>	<i>CNAB-125884297</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-F3269</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Services General Liability Endorsement</i>		
<i>Project Name/Number:</i>	<i>Services General Liability Endorsement/G-300704-A</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAB-125884297 State: Arkansas
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-F3269
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Services General Liability Endorsement
Project Name/Number: Services General Liability Endorsement/G-300704-A

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 11/24/2008

Comments:

P & C Trans. Doc/FF Schedule attached

Attachments:

AR08-F3269 P & C Trans. Doc.pdf

08-F3269 FF Schedule.pdf

Satisfied -Name: Exp. Memo
Review Status: Approved 11/24/2008

Comments:

Exp. Memo attached

Attachment:

08-F3269 Exp. Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	08-F3269
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
333 S. Wabash Ave. Chicago, IL 60604				
7. Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8. Please print name of authorized filer		Mercy A. Marasigan		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/09 Renewal: 1/1/09
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-F3269
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We submit the captioned new and optional endorsement for use with the ISO Commercial General Liability Coverage Part, CG 00 01.

This new endorsements provides coverage extensions to meet the needs of insureds in the service industry. These coverage extensions are as follows:

1. Provision I. **BROADENED NAMED INSURED** allows for Named Insured status for organizations (other than joint ventures or partnerships) that are not shown in the Declarations which more than 50% owned by a Named Insured as of the inception date of the policy.

2. Provision II. **NEWLY FORMED OR ACQUIRED ORGANIZATIONS** allows for coverage for newly acquired or formed organizations (other than joint ventures or partnerships) from the date of formation or acquisition until the end of the policy period. Basic CGL does not allow such coverage for limited liability companies only for maximum of 90 days.

3. Provision III. **ADDITIONAL INSURED – “YOUR WORK”** allows additional insured status for any person(s) or organization(s) the named insured does work for and is required to provide additional insured status under a written contract or written agreement.

4. Provision IV. **BLANKET WAIVER OF SUBROGATION** waives any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of our Named Insured's ongoing operations or our Named Insured's work done under a contract with that person or organization and included in the “products-completed operations hazard”- where the Named Insured agreed to do so in a written contract or agreement that is in effect or becomes effective during the term of the policy; and was executed prior to loss.

There is no premium charge for this endorsement.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-F3269		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include Edition Date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Services General Liability Endorsement	G-300704-A (Ed. 10/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

SERVICES GENERAL LIABILITY ENDORSEMENT. EXPLANATORY MEMORANDUM

RE: G-300704-A SERVICES GENERAL LIABILITY ENDORSEMENT

This form provides 4 coverage extensions to meet the needs of insureds in the services industry.

1. Provision I. **BROADENED NAMED INSURED** allows for Named Insured status for organizations (other than joint ventures or partnerships) that are not shown in the Declarations which more than 50% owned by a Named Insured as of the inception date of the policy.
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3. Provision III. **ADDITIONAL INSURED – “YOUR WORK”** allows additional insured status for any person(s) or organization(s) the named insured does work for and is required to provide additional insured status under a written contract or written agreement.
4. Provision IV. **BLANKET WAIVER OF SUBROGATION** waives any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of our Named Insured’s ongoing operations or our Named Insured’s work done under a contract with that person or organization and included in the “products-completed operations hazard”- where the Named Insured agreed to do so in a written contract or agreement that is in effect or becomes effective during the term of the policy; and was executed prior to loss.

There is no premium charge for this endorsement.